



Cindy Cox

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April 12, 2011

Ms. Jocelyn Boyd  
Chief Clerk/Administrator  
Public Service Commission of South Carolina  
101 Executive Center Dr., Suite 100  
Columbia, SC 29211

Re: SBC Internet Services, Inc. dba AT&T Internet Services request Numbering Resources  
Pursuant to *Administration of the North American Numbering Plan*, FCC Docket No. 99-  
200, Order, FCC 05-20 (released Feb. 1, 2005)

Dear Ms. Boyd:

Pursuant to the Federal Communications Commission's Docket No. 99-200, SBC Internet Services, Inc. dba AT&T Internet Services (ATTIS) hereby notifies this Commission of its intent to request numbering resources for the rate centers listed in the attached Part 1 and/or Part 1A. Under that order, we are required to provide this Commission with this notice before obtaining numbering resources from the North American Numbering Plan Administrator and/or the Pooling Administrator.<sup>1</sup> In addition to filing the attached information with this Commission, we are also submitting this information to the Federal Communications Commission.

This is for your notification only. No action is required by the Commission.

Yours very truly,

Executive Director

Enclosure

CC: Dawn Hipp, ORS

<sup>1</sup> *Id.* ¶ 9 (imposing 30-day notice requirement).

Tracking Number: \_\_\_\_\_  
TBPAG Attachment 1  
ATIS-0300066.at1

November 17, 2008

## Thousands-Block Application Form Part 1A

Type of Application (check one):       x New       Change<sup>i</sup> Disconnect

### GENERAL APPLICATION INFORMATION

#### 1.1 Contact Information:

##### Block Applicant:

Company Name: SBC INTERNET SERVICES, INC. d/b/a AT&T INTERNET SERVICES  
Headquarters Address: 208 S. AKARD ST. City DALLAS State TX Zip 75202  
Contact Name: TERESA JERNIGAN  
Contact Address 1111 WEST CAPITOL City LITTLE ROCK State AR Zip 72201  
Phone: 501-373-0047 Fax: 501-373-3716  
E-Mail: tj2738@att.com

##### Pooling Administrator<sup>ii</sup>:

Contact Name: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

#### 1.2 General Information

Check one: No LRN needed   X   LRN needed<sup>iii</sup>       

NPA: 864 LATA 430 OCN<sup>iv</sup>: 516C Parent Company's OCN 0555  
Number of Thousands-Blocks Requested: 1

Switch Identification (Switching Entity/POI)<sup>v</sup>: GNVLSCTLX2X Center Name \_\_\_\_\_  
Rate Center<sup>vi</sup>: GREENVILLE Center Sub Zone: \_\_\_\_\_

#### 1.3 Dates

Date of Application<sup>vii</sup>: \_\_\_\_\_ Requested Block Effective Date<sup>viii</sup>: \_\_\_\_\_  
Request Expedited Treatment? (See Section 8.6) Yes X No       

- ☐ By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received.

#### 1.4 Type of Service Provider Requesting the Thousands-Block:

- a) Type of Service Provider: VOIP (LEC, IXC, CMRS, Other)
- b) Primary type of service Blocks to be used for: VOIP
- c) Thousands-Block(s) (NXX-X) assignment preference (optional) \_\_\_\_\_
- d) Thousands-Block(s) (NXX-X) that are undesirable for this assignment, if any \_\_\_\_\_
- e) If requesting a code for LRN purposes, indicate which block(s) you will be keeping (the remainder of the blocks will be given to the pool)

Tracking Number: \_\_\_\_\_  
TBPAG Attachment 1  
ATIS-0300066.at1

November 17, 2008

**Thousands-Block Application Form**  
**PART 1A**

**1.5 Type of Request**

Initial block for rate center: Yes \_\_\_\_\_, If Yes attach evidence of authorization and proof of capability to provide Service within 60 days

Growth block for rate center: Yes ☒, If Yes, attach months to exhaust worksheet

☐ By selecting this checkbox, I acknowledge that I am willing to accept a block in red and explicitly understand that the underlying CO code may not yet be activated in the PSTN and loaded in the NPAC on the block effective date.

Type of Change (Mark all that apply):

☐ OCN: Intra-company<sup>ix</sup>    ☐ Switching Id    ☐ Part 1B  
☐ OCN: Inter-company\*    ☐ Effective Date

Change block: Yes \_\_\_\_\_, If Yes, list NPA-NXX-X \_\_\_\_\_

**1.6 Block Return**

- a) Is this block Contaminated: Yes \_\_\_\_\_ or No \_\_\_\_\_  
a) If Yes how many TNs are NOT available for assignment: \_\_\_\_\_  
b) Have all new Intra SP ports been completed in the NPAC: Yes \_\_\_\_\_ or No \_\_\_\_\_  
c) Has this block been protected from further assignment: Yes \_\_\_\_\_ or No \_\_\_\_\_

Disconnect block: Yes \_\_\_\_\_, If Yes, list NPA-NXX-X \_\_\_\_\_

Remarks: GROWTH BLOCK.

I hereby certify that the above information requesting an NXX-X block is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the Thousands-Block (NXX-X) Pooling Administration Guidelines ATIS-0300066 available on the ATIS web site ([www.atis.org/inc](http://www.atis.org/inc)) or by contacting [inc@atis.org](mailto:inc@atis.org) as of the date of this application.

TERESA JERNIGAN

Signature of Block Applicant

SR SPECIALIST- NETWORK PLANNING ENGR.

Title

MARCH 31, 2011

Date

November 17, 2008

## **Thousands-Block Application Form Part 1A**

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**Instructions for filling out each Section of the Part 1A form:**

**Section 1.1** Contact information requires that Service Providers supply under "Block Applicant" the company name, company headquarters address, a contact within the company, an address where the contact person may be reached, in addition to the correct phone, fax, and e-mail address. The Pooling Administrator section also requires the Service Provider to fill in the Pooling Administrator's name, address, phone, fax and e-mail.

**Section 1.2** Service Providers who need a thousands-block assignment or for a Location Routing Number (LRN) are required to fill in this section. If needed for an LRN, a CO Code Application needs to also be submitted to the PA. The Service Provider should supply the Numbering Plan Area (NPA); the Local Access Transport Area (LATA), which is a three-digit number that can be found in the Telcordia™ LERG™ Routing Guide. The Operating Company Number (OCN) assigned to the service provider and the OCN its parent company. An OCN is a four-character alphanumeric assigned by Telcordia™ Routing Administration (TRA). In addition, the number of thousands-blocks requested should be supplied. The Switch Identification as well as the city or wire center name, rate center, rate center sub zone, homing tandem and CLLI™ tandem of the facilities based provider<sup>d</sup>. Explanations of these terms may be found in the footnotes.

**Section 1.3** The date the Service Provider completes the application should be entered in this section, as well as the Effective Date of the requested thousands-block.

**Section 1.4** Service Providers should indicate their type, e.g., local exchange carrier, competitive local exchange carrier, interexchange carrier, CMRS. The also indicate the primary type of business in which the numbering resource is to be used. Service Providers also may indicate their preference for a particular thousands-block, e.g., 321-9XXX, or indicate any thousands-blocks that may be undesirable, e.g., 321-6XXX.

**Section 1.5** Service Providers indicate the type of request. Initial requests are for first applications for thousands-blocks in a rate center, growth for additional thousands-blocks in a rate center in which the applicant already has numbering resources, and provide the required evidence as ordered by the FCC.

**Section 1.6** Service Providers must indicate the updated/current information in regards to contaminated TNs on the block they are returning to the pool. Blocks with over 10% contamination (101 TNs or more) shall not be returned to the pool unless they meet criteria outlined in section 9.1.2 of these Guidelines. If the block being returned is over 10% contaminated the PA shall seek a new block holder. If question c and/or d have a response of No, the request for return shall be denied.

The thousands-block applicant certifies veracity of this form by signing their name, and providing their title and date.

Tracking Number: \_\_\_\_\_  
TBPAG Attachment 1  
ATIS-0300366.at1

November 17, 2008

## Thousands-Block Application Form Part 1A

### Footnotes:

- <sup>i</sup> Identify the type of change(s) in Section 1.5.
- <sup>ii</sup> The Pool Administrator is available to assist in completing these forms.
- <sup>iii</sup> A CO Code application will also need to be submitted to the PA
- <sup>iv</sup> Operating Company Number (OCN) assignments must uniquely identify the applicant. Relative to CO Code assignments, NECA-assigned Company Codes may be used as OCNs. Companies with no prior CO Code or Company Code assignments should contact NECA (800 524-1020) to be assigned a Company Code(s). Since multiple OCNs and/or Company Codes may be associated with a given company, companies with prior assignments should direct questions regarding appropriate OCN usage to (TRA) (732-699-6700).
- <sup>v</sup> This is an eleven-character descriptor of the switch provided by the owning entity for the purpose of routing calls. This is the 11 character CLLI™ code of the switch /POI.
- <sup>vi</sup> Rate Center name must be a tariffed Rate Center.
- <sup>vii</sup> Acknowledgment and indication of disposition of this application will be provided to applicant within seven calendar days from the date of receipt of this application. An incomplete form may result in delays in processing this request.
- <sup>viii</sup> Please ensure that the NPA-NXX of the LRN to be associated with this block(s) is/will be active in the PSTN prior to the effective date of the block(s).
- <sup>ix</sup> Select if you are the current Block Holder
- <sup>x</sup> Select if you are not the current Block Holder
- <sup>xi</sup> Telcordia, LERG Routing Guide, and CLLI are trademarks of Telcordia Technologies, Inc.

Tracking Number: \_\_\_\_\_  
TBPAG Attachment 1  
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November 17, 2008

**Thousands-Block Application Form  
Part 1A**

**Type of Application (check one):**     x     New      Change<sup>i</sup>      Disconnect

**GENERAL APPLICATION INFORMATION**

**1.1 Contact Information:**

**Block Applicant:**

Company Name: **SBC INTERNET SERVICES, INC. d/b/a AT&T INTERNET SERVICES**

Headquarters Address: **208 S. AKARD ST.** City **DALLAS** State **TX** Zip **75202**

Contact Name: **TERESA JERNIGAN**

Contact Address **1111 WEST CAPITOL** City **LITTLE ROCK** State **AR** Zip **72201**

Phone: **501-373-0047** Fax: **501-373-3716**

E-Mail: **tj2738@att.com**

**Pooling Administrator<sup>ii</sup>:**

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**1.2 General Information**

**Check one:** No LRN needed     X     LRN needed<sup>iii</sup>     

NPA: **864** LATA **422** OCN<sup>iv</sup>: **516C** Parent Company's OCN **0555**

Number of Thousands-Blocks Requested: **1**

Switch Identification (Switching Entity/POI)<sup>v</sup>: **CHRLNCCA75Z** or Wire Center Name \_\_\_\_\_

Rate Center<sup>vi</sup>: **ANTIOCH** Rate Center Sub Zone: \_\_\_\_\_

**1.3 Dates**

Date of Application<sup>vii</sup>: \_\_\_\_\_ Requested Block Effective Date<sup>viii</sup>: \_\_\_\_\_

Request Expedited Treatment? (See Section 8.6) Yes      No     X    

- ☐ By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received.

**1.4 Type of Service Provider Requesting the Thousands-Block:**

- a) Type of Service Provider: **VOIP** (LEC, IXC, CMRS, Other)
- b) Primary type of service Blocks to be used for: **VOIP**
- c) Thousands-Block(s) (NXX-X) assignment preference (optional) \_\_\_\_\_
- d) Thousands-Block(s) (NXX-X) that are undesirable for this assignment, if any \_\_\_\_\_
- e) If requesting a code for LRN purposes, indicate which block(s) you will be keeping (the remainder of the blocks will be given to the pool)

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November 17, 2008

**Thousands-Block Application Form**  
**PART 1A**

**1.5 Type of Request**

Initial block for rate center: Yes **X** If Yes attach evidence of authorization and proof of capability to provide Service within 60 days

Growth block for rate center: Yes \_\_\_\_\_, If Yes, attach months to exhaust worksheet

☐ By selecting this checkbox, I acknowledge that I am willing to accept a block in red and explicitly understand that the underlying CO code may not yet be activated in the PSTN and loaded in the NPAC on the block effective date.

Type of Change (Mark **all** that apply):

☐ OCN: Intra-company<sup>ix</sup>      ☐ Switching Id      ☐ Part 1B  
☐ OCN: Inter-company<sup>x</sup>      ☐ Effective Date

Change block: Yes \_\_\_\_\_, If Yes, list NPA-NXX-X \_\_\_\_\_

**1.6 Block Return**

- a) Is this block Contaminated: Yes \_\_\_\_\_ or No \_\_\_\_\_  
b) If Yes how many TNs are NOT available for assignment: \_\_\_\_\_  
c) Have all new Intra SP ports been completed in the NPAC: Yes \_\_\_\_\_ or No \_\_\_\_\_  
d) Has this block been protected from further assignment: Yes \_\_\_\_\_ or No \_\_\_\_\_

Disconnect block: Yes \_\_\_\_\_, If Yes, list NPA-NXX-X \_\_\_\_\_

Remarks: **INITIAL BLOCK.**

I hereby certify that the above information requesting an NXX-X block is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the Thousands-Block (NXX-X) Pooling Administration Guidelines ATIS-0300066 available on the ATIS web site ([www.atis.org/inc](http://www.atis.org/inc)) or by contacting [inc@atis.org](mailto:inc@atis.org) as of the date of this application.

**TERESA JERNIGAN**  
Signature of Block Applicant

**SR. SPECIALIST- NETWORK PLANNING ENGR.**  
Title

**MARCH 24, 2011**  
Date

November 17, 2008

## **Thousands-Block Application Form Part 1A**

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**Instructions for filling out each Section of the Part 1A form:**

Section 1.1 Contact information requires that Service Providers supply under "Block Applicant" the company name, company headquarters address, a contact within the company, an address where the contact person may be reached, in addition to the correct phone, fax, and e-mail address. The Pooling Administrator section also requires the Service Provider to fill in the Pooling Administrator's name, address, phone, fax and e-mail.

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The thousands-block applicant certifies veracity of this form by signing their name, and providing their title and date.



November 17, 2008

## Footnotes: